

Need IT Moved? LLC

Uniform Household Goods Bill of Lading

Customer: This bill of lading establishes a contract between you and the household goods carrier. It confirms instructions and authorizes the carrier to move, pack, store, and/or perform services shown. Before you sign this document *it is important that you first read the document, including the back*, and that you ask for an explanation of anything that is not clear or is different from any previous information received from the carrier or carrier's representatives. This contract is subject to conditions on the back of this form.

Origin Address		Destination Address	
Customer			
Phone	Cell	Name of Consignee (if different)	
Email		Phone	
Additional Stops		Other	
Billing Address		Any Discounts that may apply	

Hourly Rated Moves										
Date		Personnel	Start	Arrive	Breaks	Depart	End	Total Hrs.	Rate	Charges

Additional Services & Charges:

Travel Fees: Trans. Type (car or trailer): _____

Expected Miles Driven: _____ Rate: _____

Furniture Delivery:

stairs or elevator: _____ Large, oversize, or heavy (per item): _____

Bulky Items: Item type: _____ Charge: _____

Misc Cost:

Food Cost: _____ Parking, Taxi, Tolls: _____

Special Servicing: _____ Other: _____

Packing Materials:

of units _____ Box size _____ at _____ per unit _____

of units _____ Box size _____ at _____ per unit _____

of units _____ Box size _____ at _____ per unit _____

of units _____ Box size _____ at _____ per unit _____

of units _____ Box size _____ at _____ per unit _____

Total Packing Charges: _____ Total Charges: _____

LOSS AND DAMAGE PROTECTION(Valuation):

Basic Value Protection I release this shipment to a value of 60 cents per pound per article, at no cost to me. This means I will be paid 60 cents per pound for the net weight of the lost or damaged item, regardless of the actual value of the item.

Transportation Charges:

Trans. Type (truck or trailer): _____

Truck Size _____

Expected Miles Driven: _____

Rates: _____

Total Moving Charges:

Hourly Rate: _____

Transportation Charges: _____

Additional Service Charges: _____

Packing Materials: _____

Total Moving Charges: _____

Total Amount Paid: _____

Balance _____ Due: _____

Customer acknowledges carrier delivered goods:

Customer Signature: _____ Date: _____

Customer Release: I have read and understand this contract, and release my household goods to the carrier subject to the terms and conditions of this contract.

Signature of Customer _____ Date _____

Signature of Carrier Representative _____ Date _____